

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085027	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/31/2017
NAME OF PROVIDER OR SUPPLIER SILVER LAKE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1080 SILVER LAKE BLVD DOVER, DE 19904		
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F 000	<p>INITIAL COMMENTS</p> <p>An unannounced annual and complaint survey was conducted at this facility from October 23, 2017 through October 31, 2017. The deficiencies contained in this report are based on observation, interviews, review of residents' clinical records and other facility documentation as indicated. The facility census the first day of the survey was 115. The survey sample totaled thirty nine (39).</p> <p>Abbreviations/Definitions used in this report are as follows: NHA - Nursing Home Administrator; DON - Director of Nursing; ADON - Assistant Director of Nursing; RN - Registered Nurse; LPN - Licensed Practical Nurse; UM - Unit Manager; MD - Medical Doctor; RNAC - Registered Nurse Assessment Coordinator; CNA - Certified Nurse's Aide; FSD - Food Service Director; RD - Registered Dietitian; NP - Nurse Practitioner; PA - Physician Assistant; SW - Social Worker; DEA-drug enforcement administration; Acetaminophen (Tylenol) - medication for pain or fever; ADLs - Activities of Daily Living, such as bathing and dressing; Anticholinergic properties - dry mouth, blurred vision, urinary retention, confusion, sedation Antidepressant - medication for depression; Antihistamine - medication for allergic reactions; Ativan-medication for anxiety; Antipsychotic - drug to treat psychosis and other</p>	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

11/24/2017

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	Continued From page 1 mental/emotional conditions (e.g. Seroquel, Zyprexa); Anxiety - feeling worry, nervous or restless; Apical Pulse/pulse - heart rate counted when listening to heart with stethoscope or felt at the wrist; ASAP - As soon as possible; Benadryl - medication to treat allergies and/or itching; BID - Twice a day; BIMS (Brief Interview for Mental Status) - test to measure thinking ability with score ranges from 00 to 15: 13-15: Cognitively intact 08-12: Moderately impaired 00-07: Severe impairment; BLE - Bilateral (both) lower extremities; Blood pressure/BP- the measure of the force of blood against the walls of a blood vessel; buspirone - medication for anxiety; CAAS - Care Area Assessment Summary-identifies care areas to be care planned for; Clonazepam - medication for anxiety; cm (Centimeter) - metric measurement of length; 1 centimeter = 0.39 inches; Comorbidities - presence of two or more chronic diseases; Contracture - joint with fixed resistance to passive stretch of a muscle and cannot be straighten; Cognition - mental process, thinking, memory; Dementia - brain disorder with memory loss, poor judgement, personality changes and confusion; Detox - a process which aims to rid the body of unspecified "toxins" eTAR - Electronic Treatment Administration Record [TAR] (in the computer); eMAR - Electronic Medication Administration Record [MAR] (in the computer);	F 000			

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F 000	Continued From page 2 EMR - Electronic Medical Record; ER - emergency room; EMT: emergency medical transporters etc (et cetera) - and so forth; e.g.-for example; FDA: Food and Drug Administration Hospice - service that provides care to residents who are terminally ill; HS - At bedtime; hydrocortisone - medication to treat itching and other skin conditions; hydroxyzine - medication for anxiety and an antihistamine; i.e.-that is; Kardex - information needed to provide specific resident care; Locomotion - ability to move between places; LTC - Long Term Care Unit; MAR-medication administration record; MDS - Minimum Data Set (standardized assessment used in nursing homes); Med Pass - high protein, high calorie nutritional supplement; Medication Regimen Review (MRR) - monthly review of resident's medications and laboratory tests by a pharmacist to see if anything unusual exist; mg (milligrams) - metric unit of weight; Ombudsman - person who investigates resident complaints and helps to achieve agreement with the facility; OOB - Out of bed; Pain Scale - rating pain severity on a 0 to 10 scale with 0 meaning no pain and 10 meaning the worst pain; Physician Order Sheet (POS) - monthly report of active physician orders; PO - Physician's Order; POA - Power of Attorney;	F 000			

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F 000	Continued From page 3 Point of Care - name of electronic charting system; Psychoactive - any medicine capable of affecting the mind, emotions and behavior; Psychotropic - affecting mental activity, behavior or perception; PRN - As needed; pre-before; post-after; Rehab-rehabilitation; Restless Leg Syndrome (RLS) - unpleasant feeling in legs with strong urge to move them; TID - Three times a day; Tab-tablet; Tramadol - medication for pain; Valium - medication for anxiety or muscle relaxer; Vital signs - clinical measurements (i.e., pulse rate, temperature, respiration rate, blood pressure); X - Time or by; Xanax - medication for anxiety; >-greater than; %-percent.	F 000			
F 164 SS=D	PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS CFR(s): 483.10(h)(1)(3)(i); 483.70(i)(2) 483.10 (h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. (h)(3)The resident has a right to secure and confidential personal and medical records.	F 164		12/11/17	

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F 164	<p>Continued From page 4</p> <p>(i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws.</p> <p>§483.70</p> <p>(i) Medical records.</p> <p>(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation it was determined that the facility failed to provide privacy for two (R108 and R77) out of 39 sampled residents. Findings include:</p> <p>1. During an observation of a treatment provided for R108 on 10/26/17 at 12:56 PM, the resident</p>	F 164	<p>F164</p> <p>1. R 108 and R77 remain in the facility and were interviewed to determine any negative outcome or concern regarding the deficient practice. No concerns were voiced and both residents were reassured that going forward the curtains will be</p>		

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F 164	Continued From page 5 was exposed from the waist down and the privacy curtain was only pulled to the foot of the bed and not surrounding the bed to create the most privacy. 2. During an attempt to interview R77 on 10/27/17 at 9:26 AM the resident was on the bed pan but the curtain was only pulled halfway. The curtain was only pulled to the foot of the bed and not surrounding the bed to create the most privacy for the resident. Any person that entered the room or used the sink in the room the residents privacy would be violated. These findings were reviewed with E1 (NHA) and E2 (DON) on 10/31/17 at 3:00 PM.	F 164	pulled completely around. 2. All residents had the potential to be affected. A staff meeting has been held with licensed and unlicensed nursing staff regarding the need to pull the privacy curtain completely around the foot of the residents bed to assure privacy is provided. 3. The nursing administration team, evening supervisor and night shift supervisor will complete random daily audits of the residents during their shift rounds to determine privacy practice is being followed and privacy is maintained. 4. The CNE will report results of the rounds to the QAPI meeting for review and recommendations monthly x 3 months or until 100% compliance is reached, then quarterly x 2 and if remains 100% compliant will remove from QAPI review.		
F 208 SS=D	PROHIBITING CERTAIN ADMISSION POLICIES CFR(s): 483.15(a)(1)-(7) (a) Admissions policy. (1) The facility must establish and implement an admissions policy. (2) The facility must- (i) Not request or require residents or potential residents to waive their rights as set forth in this subpart and in applicable state, federal or local licensing or certification laws, including but not limited to their rights to Medicare or Medicaid; and (ii) Not request or require oral or written	F 208			12/11/17

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F 208	<p>Continued From page 6</p> <p>assurance that residents or potential residents are not eligible for, or will not apply for, Medicare or Medicaid benefits.</p> <p>(iii) Not request or require residents or potential residents to waive potential facility liability for losses of personal property.</p> <p>(3) The facility must not request or require a third party guarantee of payment to the facility as a condition of admission or expedited admission, or continued stay in the facility. However, the facility may request and require a resident representative who has legal access to a resident's income or resources available to pay for facility care to sign a contract, without incurring personal financial liability, to provide facility payment from the resident's income or resources.</p> <p>(4) In the case of a person eligible for Medicaid, a nursing facility must not charge, solicit, accept, or receive, in addition to any amount otherwise required to be paid under the State plan, any gift, money, donation, or other consideration as a precondition of admission, expedited admission or continued stay in the facility. However,-</p> <p>(i) A nursing facility may charge a resident who is eligible for Medicaid for items and services the resident has requested and received, and that are not specified in the State plan as included in the term "nursing facility services" so long as the facility gives proper notice of the availability and cost of these services to residents and does not condition the resident's admission or continued stay on the request for and receipt of such additional services; and</p>	F 208			

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F 208	<p>Continued From page 7</p> <p>(ii) A nursing facility may solicit, accept, or receive a charitable, religious, or philanthropic contribution from an organization or from a person unrelated to a Medicaid eligible resident or potential resident, but only to the extent that the contribution is not a condition of admission, expedited admission, or continued stay in the facility for a Medicaid eligible resident.</p> <p>(5) States or political subdivisions may apply stricter admissions standards under State or local laws than are specified in this section, to prohibit discrimination against individuals entitled to Medicaid.</p> <p>(6) A nursing facility must disclose and provide to a resident or potential resident prior to time of admission, notice of special characteristics or service limitations of the facility.</p> <p>(7) A nursing facility that is a composite distinct part as defined in § 483.5 must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under paragraph (c)(9) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review and review of other facility documents it was determined that the facility failed to implement their policy regarding admission procedures and failed to notify one (R243) out of 39 residents of the service limitations of the facility prior to admission. Findings include:</p> <p>The facility policy entitled Admission Criteria</p>	F 208	<p>F208</p> <ol style="list-style-type: none"> 1. R243 was discharged back to the hospital. 2. Center admission referrals had the potential to be affected by the deficient practice. The Care Transition Nurse (CTN) was immediately made aware of the centers service limitations for the patients prescribed medication and 		

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F 208	<p>Continued From page 8</p> <p>General, last updated 1/3/17 indicated that:</p> <ul style="list-style-type: none"> - The employee receiving the referral automatically accepts patients based on the Conditions for Review and Conditions not Clinically Capable to treat list. - In the Conditions for Review section it is documented that an "active abuser of alcohol/illegal drugs (intoxication, heroin, cocaine etc) which could lead to drug-seeking behavior and/or a pending /active withdrawal subject to medical condition, current physical presentation, current psychological issues and prior to hospital /current medication regimen." <p>The FDA information on Drugs/Drug Safety/Postmarket Drug Safety Information for Patients and Providers documented that "according to the Drug Addiction Treatment Act of 2000 (DATA) there are limits for use of Suboxone [a medication prescribed to treat heroin addiction] to physicians who meet special training criteria and can provide appropriate services. Physicians who meet the qualification criteria listed in the previous section must also notify the Secretary of Health & Human Services of their intent to prescribe Suboxone before doing so. Once all relevant criteria are verified, DEA (Drug Enforcement Administration) will issue the physician a unique identification number indicating that he or she is a qualifying physician under the DATA. The Center for Substance Abuse Treatment (CSAT, a component of the Substance Abuse and Mental Health Services Administration) will send a letter informing the physician of the new DEA identification number. The physicians will subsequently receive a revised DEA registration."</p> <p>10/6/17 - R243's hospital discharge summary</p>	F 208	<p>educated on the generic name for medication the facility was unable to provide to the patient.</p> <p>3. Regional Director of Business Development (RBDB) re-educated the CTN on the Admission Criteria policy, including but not limited to disclose/provide to potential resident(s) prior to admission, notice of special characteristics or service limitations of the facility. The education included medication(s) exclusion list for the center. The center Admission Director will monitor admission referrals and record findings x 3 months to determine compliance.</p> <p>4. Admission Director will report to monthly QAPI team on progress towards 100% compliance x 3 months, if 100% compliance is maintained the issue will be removed from QAPI.</p>		

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F 208	<p>Continued From page 9</p> <p>documented R243 as having a "history of heroin addiction and on Suboxone", and the medication list provided included Suboxone as well as dosage information and time of the last and the next dose. Review of R243's rehab history and physical, rehab progress notes, summary of hospitalization revealed that a history of addiction and use of Suboxone was documented in various other places as well.</p> <p>10/6/17- At 2:45 PM, E10 (RN) documented that she "went to resident room and explained to resident that we will be sending him back to the hospital. Explained to the resident that we can not give him Suboxone here. R243 stated ok, that he understood."</p> <p>10/6/17 - At 4:45 PM, E3 (ADON) documented that she "spoke with R243 about his transport to ER, explained that we are unable to provide the Suboxone and I had double checked with my regional boss to be sure. R243 said he understood. I told him I was sorry this happened and he said he understood he asked if he could just detox (abstain from or rid the body of toxic or unhealthy substances) from the medication here and I explained this was a therapy rehabilitation facility and it was not safe for him to try to detox here. That he would need monitoring and interventions. He said he knows that. Resident was in no distress. Was moving around on bed himself. Dressing /ace [bandage] on stump intact."</p> <p>10/6/17 - At 5:15 PM, E10 documented in a progress note that "R243 was offered dinner while waiting for transport; but did not eat, and stated that he already had eaten."</p>	F 208			

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F 208	<p>Continued From page 10</p> <p>10/6/17- A progress note written by E16 (LPN) documented that "transport arrived at approximately 6:00 PM. R243 transferred himself to gurney [stretcher]. All medications that R243 came with were handed off to EMT at pickup. R243 transported to hospital. Report called at 6:10 PM."</p> <p>10/6/17 - At 9:30 PM, E10 documented in a progress note "Received a call hospital staff, they specifically asked if we were going to take R243 back. I explained that we could not take him back because of his order for Suboxone and that I was told by administration we're not to take him back. The hospital staff stated that our liaison should have noted the order for Suboxone and not accepted the resident, and that since we did accept the resident that technically he was our [Name of Long Term Care facility] patient. I again stated that I was unable to receive resident back to facility. I explained that administration here had already spoken to the rehab program director at the hospital and the medical director and they were both aware that we could not take resident."</p> <p>During an interview on 10/30/17 at 3:00 PM with E1 (NHA) it was reported that R243 "wasn't fully admitted as he was wheeling in the nurse was getting report from the hospital and realized the medications he was on and knew we could not admit him. During the same interview E3 (ADON) stated "he had the blister pack with the Suboxone with 1 missing and we realized he could not take them here so we sent him back out".</p> <p>During an interview on 10/30/17 at 3:25 PM with E3 it was reported that the facility "does not have a physician listed as authorized to prescribe Suboxone."</p>	F 208			

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F 208	Continued From page 11 During an interview on 10/30/17 at 4:30 PM with E14 (RN) Care Transition Nurse who described her role as a the person who "clear's people for admission according to our [facility] guidelines." E14 explained she reviews potential residents "medical record" to assist in determining eligibility for admission and that she received R243's "close to the complete medical record, history and physical, rehabilitation notes, and medication list." E14 confirmed that Suboxone was listed in R243's medical record that she reviewed and that she noticed the Suboxone "in retrospect, I went back and looked and it [Suboxone] was there. I did not recognize the generic name or I would have stopped the admission because we don't have a doctor who is DEA certified to administer the drug." R243's clinical record was reviewed by E14, who then approved R243 for admission to the facility without a physician who could administer his Suboxone. The facility failed to notify R243 prior to admission that there were service limitations which prevented him from being admitted. These findings were reviewed at exit conference with E1 and E2 (DON) on 10/31/17 at 3:00 PM.	F 208			
F 242 SS=D	SELF-DETERMINATION - RIGHT TO MAKE CHOICES CFR(s): 483.10(f)(1)-(3) (f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.	F 242			12/11/17

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F 242	<p>Continued From page 12</p> <p>(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility. This REQUIREMENT is not met as evidenced by: Based on record review, interview and review of other facility documentation it was determined that the facility failed to honor the bathing wishes and/or waking time for two (R113 and R74) out of 39 sampled residents. Findings include:</p> <p>1. Review of R113's clinical record revealed:</p> <p>12/13/16 - Care Plan problem for maintaining normal routine (revised 3/2/17) with the goal that R113 will indicate that staff had taken the necessary actions to accommodate routines and preferences by giving R113 choices and honoring his/her preferences. Interventions included: Bathing preference is bed baths in the evening; Bedtime preference is going to bed early and likes to sleep in, when possible. Naps throughout the day. Sleep pattern may vary.</p> <p>During the stage 1 interview on 10/23/17 at 10:22 AM with R113 and a family member, when asked, "Does [resident's name] get up in the morning according to his/her previous routine?", the response was "no." Further inquiry determined the resident was awakened at 6:00 AM but preferred to get up after 7:00 AM. R113 added that sometimes a bath is given at that time (6:00 AM).</p>	F 242	<p>F242</p> <p>1. R113 was interviewed to determine preferences regarding bathing and medication times. Resident was agreeable with bathing by the hospice aide and morning medication at 6am. The activity director has adjusted the residents care plan. R74 was interviewed to determine preference for shower days/time and declined any change with days and time. Resident was advised that days and time of shower could be adjusted at any time per request.</p> <p>2. The Activity Director and staff will be interviewing all residents to determine preferences for bathing days/times and waking times. Activity Director and staff will update resident care plan to reflect current choices. Activity Director will communicate to nurse managers any change to residents' preferences so communication to the nurse aids is complete and accurate.</p> <p>3. New process the activity director and staff will address resident preferences quarterly, during care plan review/meeting to determine preferences for bathing and waking time, all request for changes will</p>		

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F 242	<p>Continued From page 13</p> <p>Review of the current shower/bathing schedule revealed R113 is assigned for bathing on Wednesday and Saturday day shift, which was not the resident's preference.</p> <p>During an interview with E11 (Activities) on 10/26/17 at 10:45 AM when asked "I see that you ask the resident the time of day they prefer for their shower, Do you ask about days of the week?" E11 responded that we [facility] usually do "twice a week but if they want more I email the manager." E11 stated the manager scheduled the days of week. The surveyor pointed out that R113 was scheduled on days even though the preference in the care plan was evenings. E11 stated that s/he would check into that and change the care plan.</p> <p>During an interview with E6 (RN, UM) on 10/26/17 at 10:50 AM to discuss the evening preference and day time bathing schedule, E6 indicated the resident sometimes refuses, but has hospice aide who comes in the morning. Investigation into the 6:00 AM wake up time determined R113 has a medication scheduled for that time. E6 expressed s/he would check with hospice regarding timing of their aide and bath.</p> <p>2. Review of R74's clinical record revealed:</p> <p>8/12/13- Care Plan problem for maintaining normal routine (revised 5/2/17) with the goal that R74 will indicate that staff had taken the necessary actions to accommodate routines and preferences by giving R74 choices and honoring his/her preferences. Interventions included: Bathing preference is bed baths in the morning.</p>	F 242	<p>be communicated to the nurse managers.</p> <p>4. The Activity Director will report on residents preferences reviewed at QAPI meeting for review monthly on the progress of reviewing and recommendations monthly x 3 months or until 100% compliance is reached, then quarterly x 2 and if remains 100% compliant will remove from QAPI review.</p>		

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F 242	Continued From page 14 During an interview with R74 on 10/23/17 at 11:10 AM when asked, "Do you choose how many times a week you take a bath or shower?", R74 responded "No." Upon further inquiry the resident said s/he got a shower twice a week with the rest bed baths. When asked if the shower schedule days were his/her choice, R74 said no "that is what the schedule is."	F 242			
F 278 SS=D	During an interview with E6 (RN, UM) on 10/26/17 at 10:50 AM to discuss the shower schedule, when asked how the days of the week were determined, E6 responded that the days of the week were "based on room numbers." These findings were reviewed with E1 (NHA) and E2 (DON) on 10/31/17 at the exit conference at 3:00 PM. ASSESSMENT ACCURACY/COORDINATION/CERTIFIED CFR(s): 483.20(g)-(j) (g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. (h) Coordination A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. (i) Certification (1) A registered nurse must sign and certify that the assessment is completed. (2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.	F 278		12/11/17	

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F 278	<p>Continued From page 15</p> <p>(j) Penalty for Falsification (1) Under Medicare and Medicaid, an individual who willfully and knowingly-</p> <p>(i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or</p> <p>(ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than \$5,000 for each assessment.</p> <p>(2) Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by: Based on record review and interview it was determined that MDS assessments were not accurate for two (R113 and R74) out of 39 sampled residents. Findings include:</p> <p>1. Review of R113's clinical record revealed:</p> <p>11/28/16 - Hospice Assessment / Intervention Plan documented R113 was admitted to hospice effective today.</p> <p>11/28/16 - 9/13/17 - Review of hospice recertifications documented R113's prognosis [outcome of the disease] as having less than 6 months to live.</p> <p>June and September, 2017 MARs - R113 received a PRN pain medication on June 5 and Sept 5.</p>	F 278	<p>F278</p> <p>1. R113 and R74 MDSs were modified to reflect accurate assessments.</p> <p>2. Current residents' most recent MDS sections J1400 and J0100B were reviewed to determine accuracy of assessment by the Clinical Reimbursement Coordinator (CRC).</p> <p>3. Clinical Reimbursement Manager (CRM) will educate CRC on the Resident Assessment Instrument (RAI) for MDS sections J1400 and J0100B. CRCs will audit 10% of weekly MDSs for accuracy x 2 months, then 10% monthly x 2 months to determine compliance.</p> <p>4. CRCs will submit results of audits to the monthly QAPI meeting if 100% compliance is maintained the issue will be removed from QAPI.</p>		

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F 278	Continued From page 16 6/5/17 and 9/5/17 R113's Quarterly MDS assessments both recorded the following errors: - Did not have condition that may result in life expectancy of less than 6 months. - Did not receive PRN pain medications. During an interview with E17 (RNAC) on 10/27/17 at 1:25 PM the errors were confirmed and E17 stated s/he would correct them. 2. Review of R74's clinical record revealed: May, 2017 MAR - R74 received a PRN pain medication on May 2. 5/5/17 - Annual MDS assessment did not capture the PRN pain medication. During an interview with E17 on 10/27/17 at 1:20 PM the error was confirmed and E17 stated s/he would correct it. These findings were reviewed with E1 (NHA) and E2 (DON) on 10/31/17 at 3:00 PM at the exit conference.	F 278			
F 279 SS=D	DEVELOP COMPREHENSIVE CARE PLANS CFR(s): 483.20(d);483.21(b)(1) 483.20 (d) Use. A facility must maintain all resident assessments completed within the previous 15 months in the resident's active record and use the results of the assessments to develop, review and revise the resident's comprehensive care plan. 483.21	F 279			12/11/17

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F 279	<p>Continued From page 17</p> <p>(b) Comprehensive Care Plans</p> <p>(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative (s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document</p>	F 279			

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F 279	<p>Continued From page 18</p> <p>whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Cross refer F329 example 2</p> <p>Based on record review and interview it was determined that the facility failed to develop a comprehensive care plan for one (R13) out of 39 reviewed residents. Findings include:</p> <p>Review of R13's clinical record revealed:</p> <p>3/02/16 - PO for Hydrocortisone Maximum Strength 1% cream, apply to affected area twice daily as needed for itching</p> <p>1/18/17 - PO for Hydroxyzine 25 mg tablet, 1 tab by mouth every evening as needed for anxiety</p> <p>2/16/17 - Consultation Report from a Medication Regimen Review stated that R13 receives Hydroxyzine, a high risk medication due to strong, sedating anticholinergic properties. Pharmacist recommended considering initiating buspirone 5 mg twice daily for anxiety and discontinuing Hydroxyzine. E19 (NP) responded with a decline in the recommendation explaining that the resident is on Hydroxyzine for itching.</p> <p>October 2017 - R13's care plan did not include a focus on itching.</p>	F 279	<p>F279</p> <ol style="list-style-type: none"> 1. A care plan addressing symptom of itching for R13 was initiated during the survey. 2. The Nurse Unit Managers will audit residents care plans to determine a comprehensive person-centered care plan in place to address medical needs, including medications that are PRN. Education will be provided by the NPE to active licensed nursing staff on process for person-centered care plan OPS416. 3. Nurse Unit Manager will review resident nursing care plans quarterly and with a significant change to determine medical needs for care planning are addressed. New physician orders will be reviewed by the nursing team at morning clinical meeting to determine the need for care planning. 4. The CNE will report on effectiveness of person-centered care planning education based on the nurse managers review of new orders, quarterly care plan review and residents with a significant change review to QAPI meeting monthly x 3 months or until 100% compliance is reached, then quarterly x 2 and if remains 		

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F 279	Continued From page 19 During an interview on 10/30/17 at 1:20 PM E19 confirmed that Hydroxyzine is for itching, not anxiety. R13's itching increased when Hydroxyzine was discontinued and R13's daughter expressed concern. During an interview on 10/30/17 at 1:29 PM E2 [DON] also confirmed that R13's PO for Hydroxyzine is to treat itching. Surveyor mentioned that R13 did not have a care plan for itching concerns. E2 added that a skin care plan will be created for R13. These findings were reviewed with E1 (NHA) and E2 (DON) on 10/31/17 at 3:00 PM at the exit conference	F 279	100% compliant will remove from QAPI review.		
F 281 SS=D	SERVICES PROVIDED MEET PROFESSIONAL STANDARDS CFR(s): 483.21(b)(3)(i) (b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation and interview it was determined that the facility failed to follow professional standards of observing the resident take oral medications for one (R114) out of 39 sampled residents. Findings include: 8/1/02 - Facility policy entitled General Dose Preparation and Medication Administration (revised 3/1/11) included that the nurse should	F 281	F281 A. R114 self-administered morning medication and was verified by the surveyor. The nurse was immediately educated on observation of residents swallowing all medications during medication pass. B. Rounds on each unit were conducted to determine other residents affected by	12/11/17	

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F 281	Continued From page 20 observe the patient's consumption [swallowing] of the medication(s). 2016- The 8 rights of medication administration are as follows: 1. Right patient, 2. Right medication, 3. Right dose, 4. Right route, 5. Right time, 6. Right documentation, 7. Right reason, and 8. Right response. (Reference: Nursing 2016 Drug Handbook. (2016). Lippincott Williams & Wilkins: Philadelphia, Pennsylvania.) R114 current care plan did not include self-administration of medications. Observation on 10/23/17 between 10:30 AM and 10:40 AM - Nurse heard delivering medication to R114 while surveyor was talking with the roommate behind the closed curtain. Observation on 10/23/17 around 10:45 AM - Medicine cup containing morning medications noted on R114's bedside table. During an interview with R114 on 10/23/17 around 10:50 AM the resident confirmed the cup of medications were his/her morning medications and then began to take the pills. These findings were reviewed with E1 (NHA) and E2 (DON) on 10/31/17 at 3:00 PM during the exit conference.	F 281	the deficient practice. Licensed nurse staff meetings were held to immediately educate on the professional standard of observing residents take oral medications. C. Education will be provided by the NPE to all active nurses on policy Nsg 305 Administration of Medication, including but not limited to observation of resident swallowing medications. Random audits by the nursing administration team will be completed during unit rounds every shift to determine medications are administered per policy and nursing standards. D. The CNE will report on results of audits at QAPI meeting for review and recommendations monthly x 3 or until 100% compliance is reached, then quarterly x 2 and if remains 100% compliant will remove from QAPI review.		
F 309 SS=E	PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING CFR(s): 483.24, 483.25(k)(l) 483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility	F 309			12/11/17

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F 309	<p>Continued From page 21</p> <p>residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care.</p> <p>483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices, including but not limited to the following:</p> <p>(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p> <p>(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on record review and interview it was determined that the facility failed to assess pain severity before and/or after PRN pain medication for five (R74, R113, R239, R30 and R13) out of 39 sampled residents. The facility also failed to assess the pulse and blood pressure weekly for</p>	F 309	<p>F309 A. R74 Medication Administration Record was corrected to reflect blood pressure and apical pulse monitoring prior to administering medications with ordered parameters. R113, R239, and R30 had a</p>		

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F 309	<p>Continued From page 22</p> <p>R74. Findings include:</p> <p>The facility policy on pain management, last updated 11/28/16 indicated that if PRN medications are given, document on the back of the MAR or pain management flow sheet, the effectiveness of PRN medication in providing pain relief.</p> <p>1. Review of R74's clinical record revealed: 8/6/13 - Admission to facility with multiple diagnoses including high blood pressure, arthritis, muscle spasms and chronic pain.</p> <p>a. BP and Pulse 8/7/13 - Care plan problem for risk for cardiovascular symptoms or complications related to high blood pressure (revised 2/2/17, last reviewed 9/9/17) included the intervention to assess and monitor vital signs as ordered and report abnormalities to physician.</p> <p>3/29/15 - Physicians' orders included BP weekly and apical pulse.</p> <p>April - September, 2017 MAR's, Nursing Notes and Vital Signs - Review showed the following missing assessment dates: - April: 1 out of 5 BP's (4/9) 5 out of 5 pulses (2, 9, 16, 23 and 30). - May: 1 out of 4 BP's (5/28) and 4 out of 4 pulses (7, 14, 21 and 28). - July: 3 out of 5 pulses (8, 15, 23 and 30). - August: 2 out of 4 pulses (6 and 27). - September: 4 out of 4 pulses (3, 10, 17 and 24).</p> <p>During an interview with E8 (LPN) on 10/26/17 at 10:40 AM it was confirmed that the BP and pulse</p>	F 309	<p>pain completed to determine adequate pain management.</p> <p>B. All residents MARs were audited to determine other residents affected by the deficient practice for blood press/pulse monitoring and effective pain management. Nursing staff meeting was held with licensed nurses to review the process for pre and post prn pain medication documentation, including Tylenol and other non-narcotic medications order for pain management. The NPE will be provide further education on facility policy NSG227 Pain Management, including but not limited to required documentation that determines adequate pain management, this and required monitoring of specific vital signs as ordered by the physician.</p> <p>C. New Process: licensed nurses will be held responsible for checking administered pain medications with on-coming nurse to identify any incomplete pain documentation and missed vital signs. The off0going nursing will be responsible to complete required documentation, including interview of resident if necessary, prior to leaving the unit. The nurse unit manager/NPE will audit 10% of MARs weekly to determine the new process is effective. Physician notification will occur as necessary.</p> <p>D. The CNE will report monthly to QAPI on the process and progress towards 100% compliance with documenting pre and post pain meds and completion and documentation of weekly vital signs. Once 100% compliance is med the reporting will reduce to quarterly.</p>		

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F 309	<p>Continued From page 23</p> <p>should be written on the MAR if it was done.</p> <p>b. Pain Assessment</p> <p>8/7/13 - Care plan problem (revised 10/27/15, last reviewed 9/9/17) for alteration in comfort related to chronic pain included the interventions: Evaluate pain characteristics: quality, severity, location, precipitating / relieving factors; Utilize pain scale; Medicate resident as ordered for pain and monitor for effectiveness and monitor for side effects, report to physician as indicated;</p> <p>Physicians' orders included several PRN pain medications:</p> <ul style="list-style-type: none"> - 10/30/14: Greaseless muscle rub to both legs PRN. - 5/20/15: Greaseless muscle rub to left shoulder PRN. - 7/28/16: Tylenol every 4 hours PRN. <p>April, 2017 - September, 2017 MAR's and Nursing Notes - Review showed the following without a pain assessment (pain score) before and/or after administration of a PRN pain medication with:</p> <ul style="list-style-type: none"> - April 13: 1 out of 2 doses of both Tylenol and muscle rub missing pain score before and after. - May 4: 1 out of 3 doses missing pain score before. - June 15 (2 doses): 2 out of 3 doses missing pain score before and after. <p>During an interview with E8 on 10/26/17 at 10:45 AM it was confirmed that the pain severity assessment was not included for all administrations of PRN pain medication.</p> <p>2. Review of R113's clinical record revealed:</p> <p>11/28/16 - Care plan problem for hospice care</p>	F 309			

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F 309	<p>Continued From page 24</p> <p>(revised 9/14/17) included the intervention to assess for pain, restlessness, agitation, constipation and other symptoms of discomfort. Medicate as ordered and evaluate effectiveness. Provide non-pharmacological approaches to aide (sic) in decreasing discomfort.</p> <p>12/12/16 - Physicians' orders included a pain medication to be given every 3 hours PRN for pain.</p> <p>June, 2017 - October, 2017 MAR's and Nursing Notes - Review discovered R113 received the PRN pain medication without an assessment of pain severity before and/or after medication administration:</p> <ul style="list-style-type: none"> - June 7 and 15: before and after. - July 1: before and after. - September 8, 19, 20, 24 and 29: before only. <p>During an interview with E8 on 10/26/17 at 10:45 AM it was confirmed that the pain severity assessment was not included for all administrations of the PRN pain medication.</p> <p>3. Review of R239's clinical record revealed the following:</p> <p>10/5/17 - R239 was admitted to the facility with multiple diagnosis that included right-sided pain as a result of surgery related to infection of the right lung and orders for Tylenol for mild pain 1-3/10 and Oxycodone (a strong pain medication) 15 mg one tablet by mouth every 4 hours as needed for pain 4-10/10 on the pain scale.</p> <p>R239's care plan for pain initiated on 10/6/17 due to risk for alteration in comfort related to surgical</p>	F 309			

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F 309	<p>Continued From page 25</p> <p>post-operation included the goal to achieve pain control in 90 days and interventions such as:</p> <ul style="list-style-type: none"> - Evaluate pain characteristics: quality, severity, location, precipitating/relieving factors. - Medicate resident as ordered for pain and monitor for effectiveness and monitor for side effects, report to physician as indicated. - Monitor frequency of episodes of breakthrough pain to determine the need for pain medication adjustment. - Complete pain assessment per protocol. <p>10/9/17 - A pain assesment interview was completed and R239 identified his acceptable pain level as 6/10.</p> <p>10/12/17 - An admission MDS assessment documented R239 as having almost constant pain at 9/10.</p> <p>10/16/17- a pain assessment interview was completed and R239 reported pain at a 9/10 with pain almost constantly.</p> <p>Review of R239's October 2017 Pain Presence Monitor sheet (a form that documents pain every shift) revealed pain documented as >6, R239's acceptable level of pain, on 54/63 assessments of pain.</p> <p>October 2017 MAR's and Nursing Notes were reviewed and showed the following dates without a pain assesment score after administration of R239's PRN pain medication: -10/6, 10/7, 10/8, 10/11, 10/13, 10/14, 10/15, 10/20, 10/21, 10/24 10/25, and 10/26.</p> <p>October 2017 MAR's and Nursing Notes were reviewed and showed the following dates</p>	F 309			

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F 309	<p>Continued From page 26</p> <p>documented post assessments of pain following administration of PRN pain medication was >6, R239's acceptable level of pain: - 10/6, 10/7, 10/11, 10/13, 10/17, 10/18, 10/19, 10/20, 10/21, and 10/22.</p> <p>October 2017 Nursing notes did not include documentation that R239's pain assessment scores greater than his identified acceptable level of pain were reported to a physician.</p> <p>10/23/17 - An order was written to discontinue the previous order for oxycodone and start oxycodone 10 mg 1 tab by mouth three times a day as needed for 4-10/10, a decrease from potentially up to 5 doses a day to 3 doses a day maximum.</p> <p>During an interview on 10/23/17 at 2:41 PM with R239, he responded "yes" when asked "Do you have any discomfort now or have you been having discomfort such as pain, heaviness, burning, or hurting with no relief?" R239 further explained "cause they switched my pain meds, I'd be fine if they give it to me they way I used to take it before."</p> <p>During an interview on 10/26/17 at 11:51 AM with E13 (LPN) it was reported that residents are assessed for pain "every shift". E13 then confirmed that a post assessment is to be done after the administration of a PRN pain medication.</p> <p>During an interview on 10/27/17 at 9:32 AM with E12 (RN) it was confirmed that nursing staff is to assess for pain after PRN pain medication administration. E12 then reported that if the residents response was greater than the</p>	F 309			

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F 309	<p>Continued From page 27</p> <p>documented acceptable level of pain that staff should contact get "the doctor and ask for a higher dose PRN medication, or whatever else will work for that patient." When asked about R239's pain assessment scores that were higher than his identified acceptable level of pain, E12 explained "he says he is in pain but the way you look at him he can go smoke as if he is comfortable. His medication was titrated down close to discharge because he is healing and the pain should be better compared to when he came."</p> <p>During an interview on 10/30/17 at 1:14 PM with E4 (MD) and facility medical director, when asked about the effectiveness of R239's pain regimen, E4 stated that "there is nothing wrong with feeling pain it's subjective and the DEA is really coming after us [doctors] and I told him [R239] if he was going to take that much pain medication than he needed pain management specialist." E4 further explained related to R239's orders for pain medication being decreased despite continued pain scores greater than his acceptable level "he was on 10 mg every 4 hours PRN and he was taking it every 4 hours and I can't send him home on such high doses; and there is no recommendation to replace it after, for post operation it's pain medication for a week then no narcotics (strong pain medication), they can have Tylenol or something like that."</p> <p>Effectiveness of PRN pain medication to R239 was not accurately assessed, and lacked post assessment scores 12/ 22 [12 out of 22] days. The facility failed to notify a physician of a potential lack of pain management evidenced by 10/22 dates of documented pain greater than R239's acceptable level of pain score post PRN</p>	F 309			

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F 309	<p>Continued From page 28</p> <p>pain medication administration and 54/63 assessments of pain greater than R239's acceptable level of pain each shift.</p> <p>4. Review of R30's clinical record revealed the following:</p> <p>9/5/17 - an order was written for R30 to receive Percocet (a strong pain medication) 5/325 mg 1 tab by mouth every 4 hours as needed.</p> <p>September 2017- October 2017 MAR's and Nursing Notes - Reviewed showed the following dates without a pain assesment score after administration of R30's PRN pain medication: -9/1, 9/2, 9/3, 9/4, 9/7, 9/15, 9/18, 9/21, 9/22, 9/29 and 10/6, 10/7, 10/26 and 10/27.</p> <p>During an interview on 10/26/17 at 11:51 AM with E13 (LPN) it was reported that residents are assessed for pain "every shift." E13 then confirmed that a post assessment is to be done after the administration of a PRN pain medication.</p> <p>The facility failed to assess the effectiveness of PRN pain medications post administration for R30 10/30 dates in September and 4/27 dates in October.</p> <p>5. Review of R13's clinical record revealed:</p> <p>6/10/15 - PO for acetaminophen 325 mg tablet, 2 tabs, every four hours as needed for pain 1-10</p> <p>May - October 2017, MARs review showed the following without pain assessment before and/or</p>	F 309			

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F 309	Continued From page 29 after administration of PRN pain medication: -July: 3 (7/18, 7/19, and 7/20) out of 5 administrations of PRN acetaminophen for pain did not include a post assessment pain result -September: 1 (29/17) out of 4 administrations of PRN acetaminophen for pain does not include a pre or post assessment	F 309			
F 329 SS=D	Findings were reviewed and confirmed during an interview with E2 (DON) on 10/30/17 at 1:29 PM. DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS CFR(s): 483.45(d)(e)(1)-(2) 483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-- (1) In excessive dose (including duplicate drug therapy); or (2) For excessive duration; or (3) Without adequate monitoring; or (4) Without adequate indications for its use; or (5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or (6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. 483.45(e) Psychotropic Drugs. Based on a comprehensive assessment of a	F 329			12/11/17

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F 329	<p>Continued From page 30 resident, the facility must ensure that--</p> <p>(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; This REQUIREMENT is not met as evidenced by: Based on record review and interview it was determined that for three (R74, R13 and R10) out of 39 sampled residents the facility failed to ensure the indications for, and/or monitoring of, medications were appropriate and conducted. For R74 behavior monitoring was not performed for a medication ordered for anxiety. For R110 there was incorrect monitoring for 2 medications and for R13 the PO did not indicate the correct indication for 2 medications. Findings include:</p> <p>1. Review of R74's clinical record revealed:</p> <p>8/4/14 - NP Note included the following diagnoses: restless leg syndrome (RLS) and anxiety.</p> <p>Physicians' orders included medications for RLS and anxiety: 12/15/14: tizanidine [muscle relaxant] three times a day for muscle spasms 9/10/15: ropinirole [medication for RLS] twice a day for RLS 3/27/17: valium 2.5 mg every 12 hours for</p>	F 329	<p>F329</p> <p>1. R74 medications were reviewed by the physician/nurse practitioner and clarifications/corrections completed for medication diagnoses and nurse practitioner documentation. Side effect monitoring form has been implemented for valium which is ordered to treat restless leg syndrome. A psychotherapeutic medication use evaluation form was completed to include valium. R13 medications were reviewed by the physician/nurse practitioner and clarifications/corrections completed for medication diagnoses. R110 medications were reviewed by the physician/nurse practitioner and clarifications/corrections completed for medication diagnoses. Side effect monitoring sheet was corrected to reflect accurate diagnoses.</p> <p>2. All residents were reviewed to determine PRN psychotropic medications ordered for residents had appropriated behavior monitoring, intervention flow</p>		

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F 329	<p>Continued From page 31</p> <p>anxiety 6/23/17: valium increased to 5 mg every 12 hours with the reason now for muscle spasms.</p> <p>1/23/17 and 3/27/17 - CII Prescription (controlled medication) form for Valium indicated the reason for the medication was anxiety.</p> <p>May 2017 - June 2017 Physician order Summary documented that Valium was ordered every 12 hours for anxiety.</p> <p>2017 - Psychotherapeutic Medication Use Evaluations did not include Valium in January, April, July and October. They only addressed the antidepressant R74 was taking.</p> <p>March, 2017 - June, 2017 - Behavior monitoring did not include how R74 exhibited anxiety for which the Valium was ordered.</p> <p>5/5/17 - NP note documented R74 received Valium for anxiety and had dependence [addiction] to anxiety medication.</p> <p>6/23/17 - NP note included that valium recently increased from 2.5 to 5 mg due to worsening symptoms of RLS. There was no mention of Valium being used for anxiety.</p> <p>8/28/17 - NP note documented that R74 requested to not taper Valium due to pain s/he experienced the last time an attempt was made to decrease the dose. Continue Valium for anxiety and RLS without gradual dose reduction.</p> <p>During an interview with E3 (ADON) on 10/27/17 at 11:17 AM E3 stated s/he was unable to locate the requested January and February physician</p>	F 329	<p>record documentation, a target symptom and an appropriate/accurate diagnosis for medication.</p> <p>3. NPE will educate licensed and unlicensed nursing staff on process/purpose of Behavior Monitoring and Interventions. The nursing administration team will complete random audits on 20% of residents with orders for psychotropic medications to determine compliance with process.</p> <p>4. The CNE will report results of audits at QAPI meeting for review and recommendations monthly X3 or until 100% compliance is reached, then quarterly x 2 and if remains 100% compliant will remove from QAPI review.</p>		

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F 329	<p>Continued From page 32</p> <p>order summaries and behavior sheets in the thinned chart. After reviewing how the resident displayed anxiety was not included in the behavior monitoring when the Valium was ordered for anxiety, E3 stated that long ago R74 received the medicine for RLS. After another RLS medicine was changed, R74 became anxious. "I guess we got it mixed up after it was restarted."</p> <p>2. Cross refer F279 Review of R13's medical record revealed:</p> <p>1/18/17 - PO for hydroxyzine HCL F/C [film coated] 25mg tablet every morning for anxiety</p> <p>2/16/17 - Consultation Report from Medication Regimen Review included recommendation from pharmacist to discontinue hydroxyzine due to it's anticholinergic properties and initiate buspirone for anxiety. The response from E19 (NP) stated that R13 is on hydroxyzine for itching.</p> <p>10/9/17 - hydroxyzine 25mg every morning for anxiety is discontinued, and hydroxyzine 25mg PRN anxiety is ordered.</p> <p>During an interview on 10/27/17 at 2:12 PM, E8 (LPN) explained that R13 has a diagnosis of itching, but hydroxyzine is not used R13's itching. E8 further explained that now that hydroxyzine is to be given prn and clonazepam 0.5mg is also ordered prn for anxiety, if R13 needed a prn anxiety medication, E8 would first administer hydroxyzine and only administer clonazepam if the hydroxyzine was ineffective. E8 would also note the degree of anxiety and administer hydroxyzine for minimal anxiety symptoms.</p>	F 329			

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F 329	<p>Continued From page 33</p> <p>During an interview on 10/30/17 at 1:20 PM E19 confirmed that hydroxyzine is for itching, not anxiety. R13 receives clonazepam to treat anxiety. The PO may have been for anxiety at first, but R13 continues to receive hydroxyzine for itching; when it has been discontinued, itching increases. E19 identified that the diagnosis must be updated.</p> <p>During an interview on 10/30/17 at 1:29 PM E2 (DON) also confirmed that R13's PO for hydroxyzine is to treat itching and the order for clonazepam is for anxiety.</p> <p>Hydroxyzine was incorrectly ordered for anxiety instead of itching, resulting in confusion by nursing of the actual use and potentially administering for the wrong symptoms.</p> <p>3. The following was reviewed in R110's clinical record:</p> <p>8/23/17 Quarterly MDS Diagnoses include Anxiety and Depression.</p> <p>Care Plan Review dated 9/13/17 included the monitoring of medication's side effects and the residents response to the administer medications.</p> <p>September - October 2017 - Physician Order: Ativan 0.5 mg tablet 1 tab twice daily as needed for agitation.</p> <p>September 2017 - Monitoring for wrong side effects on anti-anxiety and anti-depressant. The side effect monitoring sheet identifies the Lexapro as an anti-anxiety and Ativan as an anti-depressant.</p>	F 329			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085027	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/31/2017
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F 329	Continued From page 34 September and October 2017 - Pre or post assessment to determine need or effectiveness of PRN Ativan was missing for 3 out of 8 occasions in September 5th, 9th, and 10th. On 1 out 7 occasions the documentation of effectiveness post administration was missing October 22nd. During an interview with E8 (LPN) on 10/26/17 at 12:36 PM it was revealed that the nurse would document the effects of administering PRN Ativan on the medication administration record or sometimes write a progress note.	F 329			
F 356 SS=C	These findings were reviewed with E1 (NHA) and E2 on 10/31/17 at 3:00 PM. POSTED NURSE STAFFING INFORMATION CFR(s): 483.35(g)(1)-(4) 483.35 (g) Nurse Staffing Information (1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed	F 356			12/11/17

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F 356	<p>Continued From page 35</p> <p>vocational nurses (as defined under State law)</p> <p>(C) Certified nurse aides.</p> <p>(iv) Resident census.</p> <p>(2) Posting requirements.</p> <p>(i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift.</p> <p>(ii) Data must be posted as follows:</p> <p>(A) Clear and readable format.</p> <p>(B) In a prominent place readily accessible to residents and visitors.</p> <p>(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on observation and interview it was determined that the facility failed to ensure daily posting of facility staffing in the facility. Findings include: 10/23/17 at 8:30 AM - Initial tour of facility federal staff posting not found.</p>	F 356	<p>1. Posted nurse staffing information was revised on the 3-11 shift on both nursing units to include all information per the regulation.</p> <p>2. All residents were at risk for the deficient practice. Center Nurse Executive will inform residents on the required components for posting nurse staffing</p>		

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F 356	Continued From page 36 10/27/17 at 11:15 AM - E1 (NHA) accompanied surveyor to show the State and Federal postings that had been inquired about earlier in the day. Posting was at each station. The posting lacked the hours for staff. Surveyor inquired about the 18 month retention of documents. E1 said he would find out and return with an answer. 10/30/17 at 4:01 PM - Staffing on Station 1 the hours were still missing and it was hanging on nurse's station. Station 2 staffing was laying on nurse's station counter and not visible to residents and visitors. Staffing hours were missing. 10/31/17 at 2:30 PM - Interview with E1 confirmed the hours staff worked was not included on the staff posting. However, retention of past posting was confirmed. These findings were reviewed with E1 and E2 (DON) at the exit conference on 10/31/17 at 3:00 PM.	F 356	information every shift at the December 2017 Resident Council Meeting. 3. Nurse Practice Educator/Center Nurse Executive will educate licensed nursing staff on the regulation for posting nurse staffing information at the beginning of every shift and each of the requirements, including but not limited to the total number and the actual hours worked by RNs, LPNs and CNAs directly responsible for resident care per shift and displaying staffing information in a prominent place accessible to residents and visitors. Unit Managers/Supervisors will audit the posted staffing information every shift to determine compliance. The staffing sheets will be maintained by the staffing coordinator for a minimum of 18 months. 4. Center Nurse Executive will report on the audits to the QAPI meeting until 100% compliance is achieved, then quarterly x 2 and if remains 100% compliant will remove from QAPI review.		
F 364 SS=D	NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP CFR(s): 483.60(d)(1)(2) (d) Food and drink Each resident receives and the facility provides- (d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; (d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature; This REQUIREMENT is not met as evidenced	F 364			12/11/17

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F 364	<p>Continued From page 37</p> <p>by:</p> <p>Based on observation and interview it was determined that the facility failed to serve ice cream at an appetizing consistency on one (200 hallways) out of 2 nursing units. Findings include:</p> <p>10/23/17 Observation of lunch service on 200 hallway witnessed drinks and desserts (i.e., ice cream in Styrofoam cup) being served first.</p> <ul style="list-style-type: none"> - R114 served ice cream at 12:27 PM and meal at 12:55 PM. - R113 served ice cream at 12:28 PM and meal at 12:58 PM. <p>Neither resident ate their ice cream prior to their meal. The ice cream was melted by the time the meal was delivered and eaten which was confirmed by R114.</p> <p>This finding was reviewed with E1 (NHA) and E2 (DON) on 10/31/17 at 3:00 PM during the exit conference.</p>	F 364	<p>F 363</p> <ol style="list-style-type: none"> 1. R114 and R113 remain in the facility. 2. Residents on both nursing units that were served ice cream during lunch had the potential to be affected by the deficient practice. New process: Desserts that require cold temperatures to maintain consistency are being delivered to the residents after the main lunch/dinner meal has been served. 3. Food Service Director (FSD) educated dietary staff on providing food/drink that is palatable, attractive and served at a safe and appetizing temperature and on the new process. FSD will randomly monitor the serving of dessert on both nursing units during lunch and dinner meal service monthly x 3 to determine compliance. 4. FSD will report results of monitoring dessert service to the monthly QAPI meeting, if 100% compliance is reached after 3 months the issue will be removed from QAPI. 		



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 421-7400

STATE SURVEY REPORT

Page 1 of 1

NAME OF FACILITY: Silver Lake

DATE SURVEY COMPLETED: October 31, 2017

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
3201	<p>The State Report incorporates by reference and also cites the findings specified in the Federal Report. An unannounced annual and complaint survey was conducted at this facility from October 23, 2017 through October 31, 2017. The deficiencies contained in this report are based on observation, interviews, review of residents' clinical records and other facility documentation as indicated. The facility census the first day of the survey was 115. The survey sample totaled thirty nine (39).</p> <p>Regulations for Skilled and Intermediate Care Facilities</p>	Cross Refer to the , CMS 2567-L survey completed October 31, 2017; F164, F208, F242, F278, F279, F281, F309, F329, F356, F364	12/11/17
3201.1.0	<p>Scope</p>		
3201.1.2	<p>Nursing facilities shall be subject to all applicable local, state and federal code requirements. The provisions of 42 CFR Ch. IV Part 483, Subpart B, requirements for Long Term Care Facilities, and any amendments or modifications thereto, are hereby adopted as the regulatory requirements for skilled and intermediate care nursing facilities in Delaware. Subpart B of Part 483 is hereby referred to, and made part of this Regulation, as if fully set out herein. All applicable code requirements of the State Fire Prevention Commission are hereby adopted and incorporated by reference.</p> <p>This requirement is not met as evidenced by: Cross Refer to the CMS 2567-L survey completed on October 31, 2017: F164, F208, F242, F278, F279, F281, F309, F329, F356, and F364</p>		

Provider's Signature Wam Bulp Title Administrator Date 11/24/17